

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889471
APPLICANT(S)

FILING DATE

1 of 2

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
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33		/		/		
34		/		/		
35	/		/			
36	/		/			
37		2				
38		2				
39		2				
40		2				
41	/		/			
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44		/		/		
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48	/		/			
49		4				
50		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	/		/			
56	/		/			
57		2				
58	/		/			
59		/		/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102				/		
103				/		
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143				/		
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148				/		
149				/		
150				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153				/		
154				/		
155				/		
156				/		
157				/		
158				/		
159				/		
160				/		
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200				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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